

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/424036  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
1	/		/				51														
2		/		/			52														
3		/		/			53														
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48							98														
49							99														
50							100														
TOTAL IND.	2		2				TOTAL IND.														
TOTAL DEP.	19		19				TOTAL DEP.														
TOTAL CLAIMS	21		21				TOTAL CLAIMS														

**BEST AVAILABLE COPY**